

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Michael J. Briskin, Douglas J. Ringler, Dominic Picarella and Walter Newman

Application No.: 08/875,849 Group Art Unit: 1644

371(c) Date: September 8, 1997 Examiner: R. Schwadron

Int'l Filing Date: February 12, 1996

Title: MUCOSAL VASCULAR ADDRESSINS AND USES THEREOF

JAN 15 1999

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents,

Washington, D.C. 20231

on 01/08/99 Lisa Jensen

Date

Signature

Lisa Jensen

Typed or printed name of person signing certificate

Assistant Commissioner for Patents

Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in Response to Communication and Transmittal of Substitute Sequence Listing for filing in the above-identified application.

Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a verified statement previously submitted.

A verified statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The fee has been calculated as shown below:

	(COL. 1)	(COL. 2)	(COL. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	
TOTAL	27	MINUS	* 27	0	
INDEP					
	8	MINUS	** 8	0	
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					
X	RATE		ADDIT. FEE		
X	\$ 9	\$			
X	\$39	\$			
+	\$130	\$			
OR					
X	RATE		ADDIT. FEE		
X	\$18	\$			
X	\$78	\$			
+	\$260	\$			

* not fewer than 20

** not fewer than 3

TOTAL = \$ 0TOTAL = \$ 0

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$ _____
<input type="checkbox"/>	Amendment Fee	\$ _____
<input type="checkbox"/>	Other Fees:	\$ _____
		\$ _____
		\$ _____
		\$ _____
		TOTAL: \$ <u> 0 </u>

A check is enclosed in payment of the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$ _____
<input type="checkbox"/>	Amendment Fee	\$ _____
<input type="checkbox"/>	Other Fees:	\$ _____
		\$ _____
		\$ _____
		\$ _____
		TOTAL: \$ <u> 0 </u>

A general authorization is hereby granted to charge Deposit Account No. 08-0380 for any fees required under 37 C.F.R. 1.16 and 1.17 in order to maintain pendency of this application. A copy of this authorization is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By Helen E. Wendler
Helen E. Wendler
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Telephone: (781) 861-6240
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Lexington, Massachusetts 02421-4799

Dated:

January 2, 1997